



COMMERCIAL CONSTRUCTION PERMIT APPLICATION

Building and Site Information			
Project Address:			
Map & Tax Lot #:			
Building/Property owner:		Owner phone:	
Building/Property owner address:			Unit #:
Building/Property owner City, State, Zip: City		State	Zip Code
Tenant/Business:		Tenant phone:	
Tenant address:			
Tenant City, State, Zip: City		State	Zip Code
EMERGENCY CONTACT FOR FIRE	Building emergency contact:		Building Phone:
	Business emergency contact:		Business phone:
Project Description			
Value all of work: \$		Value of Mechanical Work: \$	
Construction Type (i.e. Type 1A with sprinklers):		Occupancy Type or Use:	
New Square Footage:			
Scope of work description:			
Primary Contact Person			
Name (please print):		Phone:	
Company:		Fax:	
Address:		Cell:	
City	State	Zip Code	Alternate Phone:
E-mail:			
C _____	Initial Plan Review		
	Fees:		
	Date:		
	Cashier:		
Signature/Exemption Notification			
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701. By signing this form I certify that I have met these requirements or I am exempt from the requirements under ORS 701.010. (State reason for exemption below.)			
Signature: _____			
If the applicant is exempt from licensing the following reason applies:			
Permit Approval and Fees			
Approved by:	Date:	Fees:	

☐ APTWin ☐ Site Track ☐ Land Use

Permit #: _____

Related #s: _____

www.eugene-or.gov/bps

Design Team Information			
Primary Designer		Electrical Designer	
Contact Name:		Contact Name:	
Company Name:		Company Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:	Fax:	Phone:	Fax:
E-mail:		E-mail:	
Mechanical Designer		Plumbing Designer	
Contact Name:		Contact Name:	
Company Name:		Company Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:	Fax:	Phone:	Fax:
E-mail:		E-mail:	

Contractor Information			
General Contractor		Electrical Contractor	
Contact Name:		Contact Name:	
Company Name:		Company Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:	Fax:	Phone:	Fax:
E-mail:		E-mail:	
CCB:		CCB/BCD#:	
Mechanical Contractor		Plumbing Contractor	
Contact Name:		Contact Name:	
Company Name:		Company Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:	Fax:	Phone:	Fax:
E-mail:		E-mail:	
CCB:		CCB/BCD#:	